

## Information and Education Program Application Cover Sheet

1. Applicant Agency Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Fax: (\_\_\_\_) \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_
- (Check One) ☐ Current Project ☐ New Project

2. Name of Executive Director: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

3. Project Name: \_\_\_\_\_

4. Funds Being Requested:

Fiscal Year 2003/2004: \$ \_\_\_\_\_  
 Fiscal Year 2004/2005 \$ \_\_\_\_\_  
 Fiscal Year 2005/2006: \$ \_\_\_\_\_ Total Requested: \$ \_\_\_\_\_

Note: Amounts being requested may not be the amounts finally funded.

5. Indicate the Geographic Service Area of Proposed Project:

☐ County \_\_\_\_\_  
☐ Regional (multi-county area) \_\_\_\_\_

6. Target Population(s) to be reached by the Proposed Project:

☐ Pre-sexually Active Adolescents  
☐ Sexually Active Adolescents  
☐ Pregnant & Parenting Adolescents  
☐ Parents, Families and Adult Caregivers  
☐ Young Adults at risk of unintended pregnancy  
☐ Youth Serving Personnel (e.g. teachers, faith leaders, counselors, group leaders, coaches)

7. ☐ Please check if the applicant is a Family Planning, Access, Care and Treatment (Family PACT) Program provider.

By submitting this application, the applicant signifies the acceptance of the responsibility to comply with all grant requirements stated in this RFA, released by the Office of Family Planning/California Department of Health Services (DHS). The applicant understands that DHS is not obligated to fund the project until the applicant correctly submits completed documents required for the grant award agreement. The applicant further agrees to administer the grant project in accordance with applicable statute, this RFA, the grant award resulting from the RFA, and will participate in any statewide evaluation.

Signature of Authorized Agency Official (sign original in blue ink):

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 Signature

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 Title

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 Date